

FEB 19 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2484

1. PLACE OF DEATH

74 County Osage
Township Crawford
City Mint Hill (No. 1)Registration District No. 449Primary Registration District No. 5849File No. 17Registered No. 17St. 1 Ward

2. FULL NAME

(a) Residence, No. Mint Hill Mo. Ward. 1
(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OR
(OR) WIFE OFHouston Starr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 30 1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.48254

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation112. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mint Hill Mo.FATHER
MOTHER

13. NAME

Levi Malan14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Osage Co. Mo.

15. MAIDEN NAME

Mary A. Bacclesse16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Osage Co. Mo.17. INFORMANT
(ADDRESS)Houston Starr
Mint Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL

Mint Hill Mo. DATE Jan 26 193719. UNDERTAKER
(ADDRESS)Morton Funeral Home
Mint Hill Mo.

20. FILED

1-26 1937 Mrs Dora Gert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 24 193722. I HEREBY CERTIFY, That I attended deceased from
2-3-1937 to 2-3-1937I last saw him alive on 1-23-1937 Death is saidto have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Complication of uterine

Date of onset

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis? Ch. Hyposp. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? - Date of injury -, 19-Where did injury occur? -

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. V. M. Kelly, M. D.

(Address)

Shannon Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

